



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 109400022

CITY OR TOWN SEEKONK

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ALEX'S INC.

DOING BUSINESS AS

ADDRESS 1520 FALL RIVER AVE.

CITY/TOWN: SEEKONK

STATE: MA

ZIP CODE: 02771

MANAGER: KIAMOS,
ALEXANDROS K.

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR; DINING ROOM, KITCHEN, THREE LAVS., OFFICE, STOCKROOM, TWO EXITS. NO
CELLAR.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF MARCH (M.G.L. Ch. 138 § 16A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 109400071

CITY OR TOWN SEEKONK

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BJ INNOVATION DEVELOPMENT INC.

DOING BUSINESS AS VINTAGE FINE WINE & BEER

ADDRESS 346 TAUNTON AVENUE

CITY/TOWN: SEEKONK

STATE: MA

ZIP CODE: 02771

MANAGER: O'DELL JR.,
ROBERT A.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

A RETAIL STORE OF 109,000 SQ FT WITH ONE MAIN ENTRANCE AND EXIT AND ADDITIONAL EXITS

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 109400072

CITY OR TOWN SEEKONK

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: K & G GROUP LLC

DOING BUSINESS AS LUMS ROAST BEEF SHOP

ADDRESS 717 FALL RIVER AVENUE

CITY/TOWN: SEEKONK

STATE: MA

ZIP CODE: 02771

MANAGER: DUARTE, JO-ANN TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SMALL EAT IN, TAKE OUT SANDWICH SHOP WITH ONE ENTRANCE AND ONE EXIT

I hereby certify and swear under penalties of perjury that:

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SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

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DISAPPROVED: ☐

(If disapproved explain)

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DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 109400073

CITY OR TOWN SEEKONK

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TRANQUIL WATERS, INC.

DOING BUSINESS AS

ADDRESS 1479 FALL RIVER AVENUE

CITY/TOWN: SEEKONK

STATE: MA

ZIP CODE: 02771

MANAGER: FERREIRA, JUNE

TYPE OF LICENSE: General on
premise

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

5000 SQ. FT. DAY SPA WITH BOUTIQUE AND CAFÉ. 2 FRONT EXITS AND TWO SIDE EXITS, ONE REAR EXIT.

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 109400074

CITY OR TOWN SEEKONK

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: COMMOLI MANAGEMENT GROUP INC

DOING BUSINESS AS DICKEY'S BARBEQUE PIT

ADDRESS 20 COMMERCE WAY

CITY/TOWN: SEEKONK

STATE: MA

ZIP CODE: 02771

MANAGER: COMOLLI,
DOUGLAS

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2500 SF FAST FOOD REST LOCATED IN STRIP MALL. ONE FRONT DOOR AND ONE BACK DOOR

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 109400075

CITY OR TOWN SEEKONK

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: 822 FALL RIVER AVENUE LEASING CORP., INC

DOING BUSINESS A CROSS ROADS CONVENIENCE

ADDRESS 822 FALL RIVER AVENUE

CITY/TOWN: SEEKONK

STATE: MA

ZIP CODE: 02771

MANAGER: HASEOTES,
DEMETRIOS E.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

GAS STATION, CONVENIENCE STORE, QUICK SERVE RESTAURANT

I hereby certify and swear under penalties of perjury that:

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